

Specialists in Environmental Services

February 26, 2010

Missouri Department of Natural Resources Hazardous Waste Program, Biennial Report P.O. Box 176 Jefferson City, Missouri 65102-0176

Re:

Tri-Rinse, Inc.

Biennial Report 40 CFR 262.41

Reporting Year – 2009

RECEIVED

MAR 0 1 2010

Hazardous waste Program
MO Dept. of Natural Resources

To Whom It May Concern:

Tri-Rinse, Inc. is herein submitting the company's Hazardous Waste Biennial Report for the 2009 reporting year. This submittal includes a completed RCRA Subtitle C Site Identification Form along with completed Forms GM and WR.

Please do not hesitate to contact me at (314) 647-8338 should you have any questions.

Sincerely,

Cliff Metcalf

Director, EHS

TRI RINSE, INC.

1402 South Second St. St. Louis, Missouri 63104 Telephone (314) 647-8338 FAX (314) 647-5028 501120

OMB# 2050-0024; Expires 11/30/2011

011	15/1 2000 002 1,	Expires 11/00/2011		RECEIVED
FO The Sta	ND DMPLETED RM TO: e Appropriate ate or Regional ice.	United States I RCRA SUBTITL	Environmental Protection Agend E C SITE IDENTIFICATION FC	MAR 0 1 2010 Cy azarquus waste Roomes NO Dept. of Natura
	Reason for Submittal MARK ALL BOX(ES) THAT APPLY	for this location) To provide a Subsequent Notific As a component of a First RCRA As a component of a Revised R0	(first time submitting site identification informat ation (to update site identification informat A Hazardous Waste Part A Permit Applicat CRA Hazardous Waste Part A Permit App	tion for this location) tion lication (Amendment #)
		Site was a TSD facility and/or ■ Site was a TSD facility and/or	us Waste Report (If marked, see sub-buller generator of ≥1,000 kg of hazardous waswaste spill cleanup in one or more months	ste, >1 kg of acute hazardous waste, or
2.	Site EPA ID Number	EPA ID Number MORIO 0	0 5 0 5 9 5 8	
3.	Site Name	Name: TRI-Rinse, Inc.		
4.	Site Location	Street Address: 1402 South Second	Street	
	Information	City, Town, or Village: St. Louis		County: City of St. Louis
		State: Missouri	Country: USA	Zip Code: 63104
5.	Site Land Type	☑ Private ☐ County ☐ District	ct 🗆 Federal 🔲 Tribal 🔲 Mu	unicipal State Other
6.	NAICS Code(s) for the Site	A. 4 2 3 9 3	C	
	(at least 5-digit codes)	В	D	
7.	Site Mailing	Street or P.O. Box: 1402 South Seco	nd Street	
	Address	City, Town, or Village: St. Louis		
		State: Missouri	Country: USA	Zip Code: 63104
8.	Site Contact	First Name: Cliff	MI: L Last: Metcalf	
	Person	Title: Director, EHS		
		Street or P.O. Box: 1402 South Secon	nd Street	
		City, Town or Village: St. Louis		
		State: MO	Country: USA	Zip Code: 63104
		Email: cliff@tririnse.com		
		Phone: 314-647-8338		Fax: 314-647-5028
9.	Legal Owner	A. Name of Site's Legal Owner: T.P. Ir	nvestments	Date Became June, 2007 Owner:
and Operator of the Site		Owner Type: Private County	☐ District ☐ Federal ☐ Tribal ☐	☐ Municipal ☐ State ☐ Other
		Street or P.O. Box: 1402 South Secon	nd Street	
		City, Town, or Village: St. Louis		Phone: 314-647-8338
		State: MO	Country: USA	Zip Code: 63104
		B. Name of Site's Operator: TRI-Rinse	e, Inc.	Date Became June 2007 Operator:
		Operator Type: Private County	☐ District ☐ Federal ☐ Tribal	☐ Municipal ☐ State ☐ Other

EPA Form 8700-12, 8700-13 A/B, 8700-23 (Revised 11/2009)

PERAINEO data entered by STAG 2010 NO.

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10. Type of I Mark "Y	Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the form); complete any additional boxes as instructed.					
A. Hazardo	us Was	ste Activitie	es; Complete all parts 1-7.			
YXN			f Hazardous Waste rk only one of the following –	· a, b, or c.	Y N X	2. Transporter of Hazardous Waste If "Yes", mark all that apply.
	x a.	LQG:	Generates, in any calendar mo (2,200 lbs./mo.) or more of haz Generates, in any calendar mo accumulates at any time, more lbs./mo) of acute hazardous w Generates, in any calendar mo accumulates at any time, more (220 lbs./mo) of acute hazardo material.	zardous waste; or onth, or e than 1 kg/mo (2.2 raste; or onth, or e than 100 kg/mo		 a. Transporter b. Transfer Facility (at your site) 3. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities. 4. Recycler of Hazardous Waste
	■ b.	SQG:	100 to 1,000 kg/mo (220 – 2,2 acute hazardous waste.	00 lbs./mo) of non-		
			Less than 100 kg/mo (220 lbs. hazardous waste.		Y N X	 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption
Y 🗆 N 🗵		Short-Terr	m Generator (generate from a stand not from on-going process a explanation in the Comments	short-term or one- ses). If "Yes",		b. Smelting, Melting, and Refining Furnace Exemption
Y N N	e.	United Sta	ates Importer of Hazardous Wa	ste	Y N X	6. Underground Injection Control
Y 🗆 N 🗵	f.	Mixed Wa	ste (hazardous and radioactive) Generator	Y × N	7. Receives Hazardous Waste from Off-site
B. Universa	ıl Wast	e Activities	s; Complete all parts 1-2.		C. Used O	il Activities; Complete all parts 1-4.
Y 🗆 N [⊠ 1.	regulation types of u	antity Handler of Universal Wate 5,000 kg or more) [refer tons to determine what is reguluniversal waste managed at yhat apply.	your State ated]. Indicate	Y N N	 1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site)
		d. Lamps e. Other (f. Other (g. Other (des y containing equipment specify) specify) specify)		Y 🗆 N 🗵	 Used Oil Processor and/or Re-refiner If "Yes", mark all that apply. a. Processor b. Re-refiner Off-Specification Used Oil Burner Used Oil Fuel Marketer If "Yes", mark all that apply.
Y 🗖 N [⊠ 2.		on Facility for Universal Wast nazardous waste permit may be			 a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number M O R 0 0 0 5 0 5 9 5	8
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OMB#: 2050-0024; Expires 11/30/2011

D. Eligible Acad wastes purs	Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K											
❖ You mu 262 Su	You <u>must</u> check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K											
1. Opting into See the it	1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:											
_	ege or University		y									
☐b. Tea	ching Hospital that is	owned by or has a fo	ormal written affiliation	on agreement with a	college or university							
C. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university												
2. Withdrawi	ng from 40 CFR Part	262 Subpart K for the	e management of ha	azardous wastes in la	boratories							
11. Description	of Hazardous Waste	•	·									
	st them in the order th	llated Hazardous Wa										
D001	D002	D004	D016	D021	D028	D032						
U185	U410	P039	P044	P066	P070	P071						
P094	P127	P189	P194									
<u></u>												
			<u> </u>									
hazardous wa	Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.											
	·											
			<u></u>									

Material.
3. Comments
Hazardous Waste received consists of empty P-listed containers for triple rinsing and Resource Recovery of the containers in
accordance with the Facilities Resource Recovery Certification (RR052) issued by the Missouri Department of Natural
Resources.
A Cartification I contify under penalty of law that this degree and all attachments were prepared under my direction or supervision in

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

	Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	the the second	Michael P. Morgan (President)	2/25/10
1	19 7 9		, , ,

OMB# 2050-0024; Expires 11/30/2011					
BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:	U.S. ENVIRONMENTAL PROTECTION AGENCY				
SITE NAME:TRI-Rinse, Inc.					
SITE NAME:	2009 Hazardous Waste Report				
EPA ID Number	GM WASTE GENERATION AND MANAGEMENT				
Sec. 1 A. Waste description: Carbamate Pesticides					
B. EPA hazardous waste code(s) C. State h	azardous waste code(s)				
P Q 7 0					
D. Source code E. Form code F. Quantit	y generated in 2009 G. Waste				
[G 1 1] [W 4 0 1] [minimization code				
Management Method code for Source code G25 UOM	1 N				
LH L Density	LLIbs/gal □sg				
Was any of this waste managed on site? Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3)					
ON-SITE PROCESS SYSTEM 1 ON-SITE PROCESS SYSTEM 2					
On-site Management Quantity treated, disposed, or Method code Code Code Code Code Code Code Code C					
A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE)					
Site 1 B EPA ID No. of facility to which waste was shipped C. Off-site Management Method code shipped to D. Total quantity shipped in 2009					
	H 0 4 0				
	f-site Management D. Total quantity shipped in 2009				
	nod code shipped to				
	f-site Management D. Total quantity shipped in 2009				
	nod code shipped to H				
Comments: 1.D Residual cleaning of empty off-specification product containers. 1.G Recycling of by-product not available.					

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:	U.S. ENVIRONMENTAL PROTECTION AGENCY					
SITE NAME: _TRI-Rinse, Inc.						
5.1.2.1.V	2009 Hazardous Waste Report					
	-					
PAID Number MORON ON O						
Sec. 1 A. Waste description: Rinsewater - Corrosive Liquid						
B. EPA hazardous waste code(s)	State hazardous waste code(s)					
P 9 0 2						
D. Source code E. Form code F. C	Quantity generated in 2009 G. Waste					
G 0 9 w 1 0 5	5 3 0 0 minimization code					
	INI					
H	ensity					
Was any of this waste managed on site? Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3)						
ON-SITE PROCESS SYSTEM 1 ON-SITE PROCESS SYSTEM 2						
On-site Management Quantity treated, disposed, or Method code recycled on site in 2009	On-site Management Quantity treated, disposed, or Method code recycled on site in 2009					
[H]						
Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE)	[H] [] [] [] [] [] [] [] [] [] [] [] [] []					
Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE)	disposal, or recycling? C. Off-site Management D. Total quantity shipped in 2009					
Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE)	disposal, or recycling?					
Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE) Site 1 B. EPA ID No. of facility to which waste was shipped I L D 0 9 8 6 4 2 4 2 4	disposal, or recycling? C. Off-site Management Method code shipped to H 0 4 0 D. Total quantity shipped in 2009 C. Off-site Management D. Total quantity shipped in 2009					
Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE) Site 1 B. EPA ID No. of facility to which waste was shipped I L D 0 9 8 6 4 2 4 2 4	disposal, or recycling? C. Off-site Management Method code shipped to H 0 4 0 5 3 0 0					
Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE) Site 1 B. EPA ID No. of facility to which waste was shipped I L D 0 9 8 6 4 2 4 2 4	disposal, or recycling? C. Off-site Management Method code shipped to H 0 4 0 D. Total quantity shipped in 2009 C. Off-site Management Method code shipped to H 0 D. Total quantity shipped in 2009 C. Off-site Management Method code shipped to H 0 D. Total quantity shipped in 2009 C. Off-site Management D. Total quantity shipped in 2009					
Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE) Site 1 B EPA ID No. of facility to which waste was shipped I L D 0 9 8 6 4 2 4 2 4 Site 2 B. EPA ID No. of facility to which waste was shipped	disposal, or recycling? C. Off-site Management Method code shipped to H 0 4 0 5 3 0 0 C. Off-site Management Method code shipped to H 0 1 1 1 1 1 1 1 1 1					
Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE) Site 1 B EPA ID No. of facility to which waste was shipped I L D 0 9 8 6 4 2 4 2 4 Site 2 B. EPA ID No. of facility to which waste was shipped	disposal, or recycling? C. Off-site Management Method code shipped to H 0 4 0 D. Total quantity shipped in 2009 C. Off-site Management Method code shipped to H 0 D. Total quantity shipped in 2009 C. Off-site Management Method code shipped to H 0 D. Total quantity shipped in 2009 C. Off-site Management Method code shipped to D. Total quantity shipped in 2009					
Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE) Site 1 B. EPA ID No. of facility to which waste was shipped I L D 0 9 8 6 4 2 4 2 4 Site 2 B. EPA ID No. of facility to which waste was shipped Site 3 B. EPA ID No. of facility to which waste was shipped	disposal, or recycling? C. Off-site Management Method code shipped to H 0 4 0 D. Total quantity shipped in 2009 C. Off-site Management Method code shipped to H 0 D. Total quantity shipped in 2009 C. Off-site Management Method code shipped to H 0 D. Total quantity shipped in 2009 C. Off-site Management Method code shipped to Method code sh					
Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE) Site 1 B. EPA ID No. of facility to which waste was shipped I L D 0 9 8 6 4 2 4 2 4 Site 2 B. EPA ID No. of facility to which waste was shipped Site 3 B. EPA ID No. of facility to which waste was shipped Comments:	disposal, or recycling? C. Off-site Management Method code shipped to H 0 4 0 D. Total quantity shipped in 2009 C. Off-site Management Method code shipped to H 0 D. Total quantity shipped in 2009 C. Off-site Management Method code shipped to H 0 D. Total quantity shipped in 2009 C. Off-site Management Method code shipped to D. Total quantity shipped in 2009					

OMB# 2050-0024; Expires 11/30/2011	-							
BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:	U.S. ENVIRONMENTAL PROTECTION AGENCY							
SITE NAME:TRI-Rinse, Inc.								
SITE NAME:	2009 Hazardous Waste Report							
PAID Number MORIO 0 0 5 0 5 9 5 8 WASTE GENERATION AND MANAGEMENT								
Sec. 1 A. Waste description: Environmentally Hazardous Substance	Sec. 1 A. Waste description: Environmentally Hazardous Substance							
B. EPA hazardous waste code(s) C. State hazardou	us waste code(s)							
D Q 3 2 U 1 8 5								
D. Source code E. Form code F. Quantity genera	ated in 2009 G. Waste							
	4 1 8 1 0 0 minimization code							
Management Method code for Source code G25 UOM 1	N N							
H Density Density								
Was any of this waste managed on site? Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3)								
ON-SITE PROCESS SYSTEM 1 ON-SITE PROCESS SYSTEM 2								
	On-site Management Quantity treated, disposed, or Method code recycled on site in 2009							
A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE)								
Site 1 B EPA ID No. of facility to which waste was shipped C. Off-site Management D. Total quantity shipped in 2009								
	e shipped to 4 0							
Site 2 B. EPA ID No. of facility to which waste was shipped C. Off-site Ma								
Method code	e shipped to							
Site 3 B. EPA ID No. of facility to which waste was shipped C. Off-site Ma	anagement D. Total quantity shipped in 2009							
Method code	e shipped to							
Comments:								
comments: 1.D Discarded off-specification product 1.G Recycling of by-product not available.								

OMB# 2050-0024; Expires 11/30/2011						
BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER: U.S. ENVIRONMENTA PROTECTION AGENCY						
SITE NAME:TRI-Rinse, Inc.						
	2009 Hazardous Waste Report					
GM FORM WASTE GENERATION AND MANAGEMENT						
Sec. 1 A. Waste description:						
B. EPA hazardous waste code(s) C. Si	tate hazardous waste code(s)					
D Q 0 1						
D. Source code E. Form code F. Q	uantity generated in 2009 G. Waste					
[G 1 9 W 2 1 9	minimization code					
Management Method code for Source code G25	OM 5 N					
Density						
Sec. 2 Was any of this waste managed on site? Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3)						
ON-SITE PROCESS SYSTEM 1 ON-SITE PROCESS SYSTEM 2						
On-site Management Quantity treated, disposed, or Method code recycled on site in 2009	On-site Management Quantity treated, disposed, or Method code recycled on site in 2009					
Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE)						
Site 1 B EPA ID No. of facility to which waste was shipped C. Off-site Management D. Total quantity shipped in 2009						
L D 0 9 8 6 4 2 4 2 4	Method code shipped to H 0 4 0					
Site 2 B. EPA ID No. of facility to which waste was shipped	C. Off-site Management D. Total quantity shipped in 2009					
	Method code shipped to H					
Site 3 B. EPA ID No. of facility to which waste was shipped	C. Off-site Management D. Total quantity shipped in 2009					
	Method code shipped to H					
Comments: 1.D Discarded off-specification product 1.E Solvent containing pesticide 1.G Recycling of by-product not available.						

OMB# 2050-0024; Expires 11/30/2011							
BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:	U.S. ENVIRONMENTAL PROTECTION AGENCY						
SITE NAME:TRI-Rinse, Inc.							
	2009 Hazardous Waste Report						
EPA ID Number M O R 0 0 0 5 0 5 9 5 8	FORM WASTE GENERATION AND MANAGEMENT						
Sec. 1 A. Waste description: Rinsewater - Hazardous Waste							
	zardous waste code(s)						
D 0 0 4 D 0 1 6 D 0 2 1 C 0 0 D 0 2 D							
D. Source code E. Form code F. Quantity	generated in 2009 G. Waste						
[G 0 9] [w 1 1 3] []	6 9 0 6 6 0 minimization code						
Management Method code for Source code G25	5 N						
LH Density	850						
Sec. 2 Was any of this waste managed on site?	Sec 2 Was any of this waste managed on site?						
Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)							
No (SKIP TO SEC. 3)							
ON-SITE PROCESS SYSTEM 1 ON-SITE PROCESS SYSTEM 2							
	On-site Management Quantity treated, disposed, or Method code recycled on site in 2009						
A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE)							
	Site 1 B. EPA ID No. of facility to which waste was shipped C. Off-site Management D. Total quantity shipped in 2009						
/ h	od code shipped to H 0 4 0						
	site Management D. Total quantity shipped in 2009						
	od code shipped to H						
	site Management D. Total quantity shipped in 2009						
	Method code shipped to						
Comments:							
1.B Additional codes: P044,P066,P071,P094,P194 1.D Rinsewater from cleaning empty containers1. 1.G Recycling of by-product not available.							

OMB# 2	050-0024; Expires 11/30/2011						
BEFORE OR ENT	E COPYING FORM, ATTACH SITE IDENTIFICATER:				RONMENTAL TON AGENCY		
SITE NA	TRI-Rinse, Inc.						
SIILIVA			-		2009 Hazardo	ous Waste Report	
			_				
EPA ID I	PAID Number MORIOO050505958 GM FORM WASTE GENERATION AND MANAGEMENT						
Sec. 1	A. Waste description: Solid - Hazardous Wa						
B. EPA	hazardous waste code(s)	C. 5	State hazardous	s waste code(s)		
	0 0 4 0 0 1 6	L					
D. Sour	rce code E. Forn	m code F. (Quantity genera	ated in 2009		G. Waste	
G	0 9	4 0 9		5 1 0	0.0	minimization code	
Manage	ement Method code for Source code G25	L	ЈОМ [1]			N	
[н	□ Density □ □ Ibs/gal □sg						
Sec. 2	Was any of this waste managed on site? Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3)						
	ON-SITE PROCESS SYSTEM 1 ON-SITE PROCESS SYSTEM 2						
On-site Management Quantity treated, disposed, or Method code recycled on site in 2009			On-site Manag Method cod		Quantity treated, d recycled on site		
[H]							
Sec. 3	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE)						
Site 1							
	L D 0 9 8 6 4 2 [4 2 4	Method code			5 1 0 0 0	
Site 2	B. EPA ID No. of facility to which waste was sh	nipped	C. Off-site Ma		D. Total quantity s	shipped in 2009	
			Method code	snipped to			
Site 3	B. EPA ID No. of facility to which waste was sh	nipped	C. Off-site Ma		D. Total quantity s	shipped in 2009	
			Method code	snipped to			
Commer					•		
1.D R	nts: esidual solids from tank cleaning ecycling of by-product not available.		ı				

OMB# 2050-0024; Expires 11/30/2011				
BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:	U.S. ENVIRONMENTAL PROTECTION AGENCY			
SITE NAME:TRI-Rinse, Inc.				
STI E NAME.	2009 Hazardous Waste Report			
EPA ID Number	GM WASTE GENERATION AND MANAGEMENT			
Sec. 1 A. Waste description: Organophosphorus Pesticides				
B. EPA hazardous waste code(s) C. State h	nazardous waste code(s)			
P 1 2 7				
D. Source code E. Form code F. Quantit	ty generated in 2009 G. Waste minimization code			
[G 1 1 1 [W 4 0 1 1 []	9 9 0 0 0 minimization code			
Management Method code for Source code G25 UOM	UOM 1			
Sec. 2 Was any of this waste managed on site? Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3)				
ON-SITE PROCESS SYSTEM 1	ON-SITE PROCESS SYSTEM 2			
	te Management Quantity treated, disposed, or ethod code recycled on site in 2009			
[H] [] [H] [H]				
Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE)				
	f-site Management bod code shipped to D. Total quantity shipped in 2009			
L D 0 9 8 6 4 2 4 2 4	H 0 4 0			
	f-site Management hod code shipped to D. Total quantity shipped in 2009			
	H			
	f-site Management D. Total quantity shipped in 2009			
	hod code shipped to H H H H H H H H H H			
Comments:				
Discarded off-specification product Recycling of by-product not available.				

OMB# 2050-0024; Expires 11/30/2011			
BEFORE COPYING FORM, ATTACH SITE OR ENTER:	E IDENTIFICATION LABEL		U.S. ENVIRONMENTAL PROTECTION AGENCY
SITE NAME: TRI-Rinse, Inc.			2009 Hazardous Waste Report
			.000 Hazarada Franto Hepoli
EPA ID Number M O R 0 0 0	0 [5 0 5 9 5 8	WR FORM	WASTE RECEIVED FROM OFF SITE
Waste 1 A. Description of hazardous wast	e		
Empty containers last conta			
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handler	EPA ID number
P \$ 6 6 P \$ 7 1 P \$ 1 9 4			0 0 2 2 2 1 7 4
E. Quantity received in 2009	F. UOM 1	G. Form code	H. Management Method code
1 3 0 0	Densitylbs/gal □sg	W 0 0 2	[H 0 3 9]
V		<u> </u>	
Waste 2 A. Description of hazardous was	ste		
Empty containers last con	taining acute toxic products		
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handler	EPA ID number
P 0 3 9		M O D O	5 6 3 8 9 8 2 8
E. Quantity received in 2009	F. UOM 1	G. Form code	H. Management Method code
[Density	W 3 0 7	H 0 3 9
	☐ lbs/gal ☐sg		
Waste 3 A. Description of hazardous was	<u>L</u>		
·	taining acute toxic products		
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handler	EBA ID number
P 0 6 6 P 0 9 4		M S D 0	
E. Quantity received in 2009	F. UOM 1	G. Form code	H. Management Method code
[Density .	W 0 0 2	H 0 3 9
	□lbs/gal □sg		
Comments:			-

OMB# 2050-0024; Expires 11/30/2011			
BEFORE COPYING FORM, ATTACH SITE OR ENTER:	E IDENTIFICATION LABEL		U.S. ENVIRONMENTAL PROTECTION AGENCY
SITE NAME:TRI-Rinse, Inc.			
STE WANTE.			2009 Hazardous Waste Report
EPA ID Number M O R 0 0	0 5 0 5 9 5 8	FORM	WASTE RECEIVED FROM OFF SITE
Waste 1 A. Description of hazardous wast	e		
Empty containers last conta			
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handle	A COUNTY OF STATE AND ADDRESS OF THE STATE O
P \$ 7 1		MST	[P 0] 0 0 2 5 0 0
E. Quantity received in 2009	F. UOM 1	G. Form code	H. Management Method code
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Waste 2 A. Description of nazardous was	ste		
Empty containers last con	taining acute toxic products		
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handle	r EPA ID number
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Waste 3 A. Description of hazardous was	ste		
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OMB# 2050-0024; Expires 11/30/2011			
BEFORE COPYING FORM, ATTACH SITI OR ENTER:	E IDENTIFICATION LABEL		U.S. ENVIRONMENTAL PROTECTION AGENCY
SITE NAME:TRI-Rinse, Inc.			2000 Hazardaya Waata Banart
		4	2009 Hazardous Waste Report
EPA ID Number MORDO	0 [5 0 5 9 5 8	WR FORM	WASTE RECEIVED FROM OFF SITE
Waste 1 A. Description of hazardous wast	e		
Empty containers last conta	aining acute toxic products		
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handler	EPA ID number
P		K S D O	0 0 8 1 9 0 8 6
E. Quantity received in 2009	F. UOM 1	G. Form code	H. Management Method code
	Density Ibs/gal sg	W 0 0 2 2	H 0 3 9
Waste 2 A. Description of hazardous was	ste		
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handler	EPA ID number
E. Quantity received in 2009	F. UOM 1	G. Form code	H. Management Method code
	Density	[w]	[H]]]
Waste 3 A. Description of hazardous was	ste		
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handler	EPA ID number
E. Quantity received in 2009	F. UOM	G. Form code	H. Management Method code
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Comments:		1	